

PERSONNEL ACTION FORM ADDENDUM

For use of this form see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

1. NAME OF INDIVIDUAL JOJO, POJO P.		2. SSN 000-00-0000	
3. RECOMMENDATIONS FOR APPROVAL/DISAPPROVAL			
a.	(1) ORGANIZATION HQS, 2D BN, 4TH IBCT, 4TH INF DIV	(2) OFFICE SYMBOL AFXH-HQ	(3) DATE 2 JAN 09
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME JOSEPH P. POPOKO		(7) TITLE/POSITION/RANK LTC, BATTALION CDR	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER S1/ADJUTANT 526-1010	
(10) FORWARDED TO RETIREMENT SERVICES OFFICE FORT CARSON, CO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
b.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
c.	(1) ORGANIZATION	(2) OFFICE SYMBOL	(3) DATE
(4) ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> RETURNED			
(5) COMMENTS			
(6) NAME		(7) TITLE/POSITION/RANK	
(8) SIGNATURE		(9) HEADQUARTERS POC TELEPHONE NUMBER	
(10) FORWARDED TO		(11) ENCLOSURES <input type="checkbox"/> ADDED <input type="checkbox"/> WITHDRAWN <input type="checkbox"/> NO CHANGE	
4. DISTRIBUTION (List all organizations to receive copy)			

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PERSONNEL ACTION

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DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.
PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).
ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.
DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code) Commander 2d Bn, 4th IBCT, 4th Inf Div Fort Carson, CO 80913	2. TO (Include ZIP Code) Cdr, 4th Inf Div & Ft Carson ATTN: Retirement Services Office Fort Carson, CO 80913	3. FROM (Include ZIP Code) Commander Co A, 1/9th Inf, 2d Bn, 4th IBCT Fort Carson, CO 80913
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SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) JOJO, POJO P.	5. GRADE OR RANK/PMOS/AOC SFC / 11B40	6. SOCIAL SECURITY NUMBER 000-00-0000
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SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from _____ to _____
 effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	REQUEST FOR RETIREMENT

9. SIGNATURE OF SOLDIER (When required)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

1. IAW AR 635-200, Chapter 12, I request voluntary retirement effective 31 December 2010
 2. I understand that I must submit this request in a timely manner (9-12 months time frame). If earlier atch (ETP memo w/reason)
 3. My authorized Transition Center is Fort Carson but I am requesting to transtion at (NA) if not electing another TC
 4. I have / have not met all service remaining obligations and do / do not require a waiver.
 5. I am not currently flagged per AR 600-8-2
 6. I have / have not been alerted for assignment, if yes, I am requesting retirement in lieu of PCS
 7. I have / have not accepted a CSB/REDUX BONUS. Enrolled in E-Army-U (yes) (no)
 8. I tentatively request transitional leave to start 30 Nov 2010 to 31 Dec 2010 and I am taking 20 days PTDY to start 10 Nov 2010.
 9. I am aware that my spouse and I must be counseled on the Survivor Benefit Plan (SBP) within 60 days from retirement.
 10. SPOUSE NAME: Thelma May Pojo
 11. AKO e-mail address: jojo.p.pojjo@us.army.mil Duty Ph 526-1068 Cell or Home Ph: (719) 291-9090
 12. Current mailing address: 3776 popo st, Colo Spgs, CO 80911 Mailing address after retirement: SAME
 13. Home of Record address at entry on active duty: 1093 latte st, St elsewhere, WA 34259
 14. City and state entered active duty: Seattle, WA
 15. I understand that when this application is approved I will not be eligible for consideration for promotion or if I am currently on promotion list that I will be removed from the list upon approval of retirement. If I am erroneously selected for promotion I will be removed from the promotion list and will not be reinstated if I decided to withdraw my retirement.

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

JAMES E. MURDOCK, CPT, IN, Commanding

DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

APD PE v1.02ES